

Fill in this Information to identify the case:

Debtor 1 **CONSOLIDATED ORLANDO, INC**
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Nevada

Case number: **09-22042-mkn**

Form NVB 1340 (12/19)**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:

\$914.00

Claimant's Name:

HUNTER FISHER LLC

Claimant's Current
Mailing Address,
Telephone Number, and
Email Address:

2820 SILVER RIDGE DR
ORLANDO, FL 32818
321-345-8417
admin@hunterfisherllc.com

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation as a supplement to this application. If applicant is filing electronically, supporting documents must be filed using the correct docket event.

4. Notice to United States Attorney

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney District
of Nevada
501 Las Vegas Boulevard South, Suite 1100
Las Vegas, Nevada 89101

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 05/20/2020



Signature of Applicant

Samuel Guerrier

Printed Name of Applicant

Address: 2820 Silver Ridge Dr
Orlando, FL 32818

Telephone: 321-345-8417

Email: admin@hunterfisherllc.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

6. NotarizationSTATE OF FLORIDACOUNTY OF ORANGE

This Application for Unclaimed Funds, dated 5/20/20 was subscribed and sworn to before me this 20 day of may, 2020 by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public 

My commission expires:



Please attach notarization as a separate document if needed.

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this ____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL) Notary Public _____

My commission expires:

Please attach notarization as a separate document if needed.

CERTIFICATE OF SERVICE

I hereby certify that on the 21st day of May, 2020, I mailed a copy of the foregoing to the :

U.S. Bankruptcy Court ATTN: Financial Department 300 Las Vegas Blvd South Las Vegas, NV 89101

U.S. Attorney's Office 501 Las Vegas Blvd South, Suite 1100 Las Vegas, NV 8910

Attachments:

Application signed by authorized representative;

A notarized statement of the signing representative's authority;

A notarized power of attorney signed by an authorized representative of the successor entity;

Proof of identity (unredacted copy of driver's license)

Assignment of Claim/ transfer of claim from the original Owner of Record.

Transfer of claim



RECEIVED
~~AND FILED~~ DLS
2020 MAY 26 AM 10 55
U.S. BANKRUPTCY COURT
MARY A. SCHOTT, CLERK

NOTICE OF RECEIPT OF MAIL

This document was received through the mail by the U.S. Bankruptcy Court, District of Nevada.

The court is committed to continuing service to the public during the Coronavirus (COVID-19) outbreak. During Governor Sisolak's press conference he stated that all Nevadans should stay home to protect family and the public. The court is taking actions to protect individuals involved in bankruptcy cases, as well as court employees, from transmission of the virus.

Due to safety and health concerns for U.S. Bankruptcy Court's staff, the time stamp on this document is when the envelope was received in the Clerk's office. The documents are being held for a minimum of 24 hours before processing per instructions for handling mail by the U.S. Marshal Service.

Clerk's Office
U.S. Bankruptcy Court,
District of Nevada
Phone: 1-866-232-1266
Email: helpdesk@nvb.uscourts.gov
Website: www.nvb.uscourts.gov